

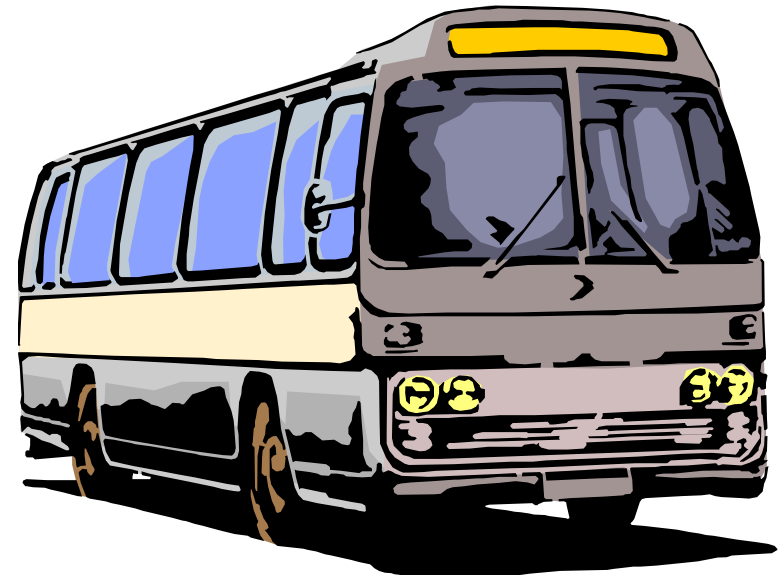


Medicaid Transportation Program

APRIL 2012



- Personal Mileage and Bus
- Commercial Transportation Services
- Specialized Non-emergency Transportation (Wheelchair Van) Services
- Ambulance
- Travel Attendants



Mountain-Pacific Quality Health

The State contracts with MPQH to administer the
Medicaid Transportation Program.

MPQH performs medical reviews and prior authorization for non-emergency travel.

The Administrative Rules of Montana (ARM) govern the decisions made by MPQH on the use of Medicaid funds for transportation services. <http://www.mtrules.org/>

1-800-292-7114 Toll Free, Voice Mail 24/7

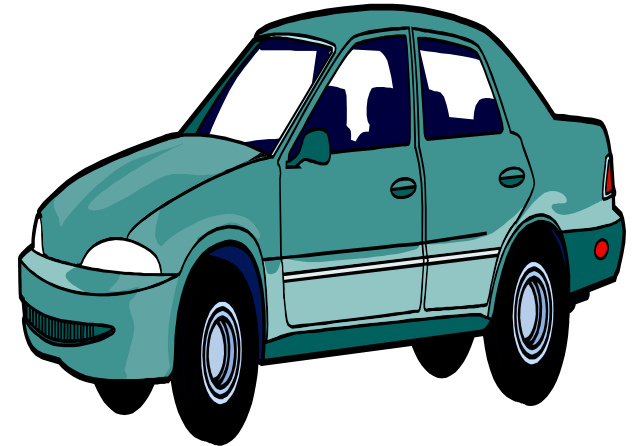
1-800-291-7791 Toll Free, Fax Line

Transportation Center Hours: 8:00 to 5:00 M-F

Personal Mileage

Covered Services

- Mileage and Per Diem associated with travel to necessary medical care which is covered by the Montana Medicaid program. Prior authorization is required.
 - Private Vehicle Use at \$.33 per mile.
 - Closest provider or Center of Excellence.
 - Emergent personal transportation and per diem must be reviewed within 30 days of the treatment.



Per Diem

- Hotel is reimbursed at the rate of \$25 per night, with a receipt, when the trip cannot reasonably be made in a day.
- Meals are reimbursed up to \$15 per day.
- Reimbursement is made to the recipient or their named person, after the trip and appointment has been verified kept.



Mileage and Bus Fare

Service Limitations

- Prior Authorization is required.
- Mileage is approved for the distance to the closest site of services.
- Bus fares are approved to covered services.
- Wheelchair Van or Commercial cannot be approved when client has access to and ability to use the bus.



Covered Services

- Commercial transportation associated with travel to necessary medical care which is covered by the Montana Medicaid program.
 - \$12.36 per ride, one way rides under 16 miles.
 - \$24.72 per round trip <16 miles.
 - \$ 1.04 per mile for trips over 16 miles.

Providers bill ACS for Medicaid payment on approved rides.

Service Limitations

- Prior Authorization is required.
- Approved when client has no other means of transportation.
- Approved when travel requested is to the closest site of services.
- Provider must have Class B Public Service Commission License.

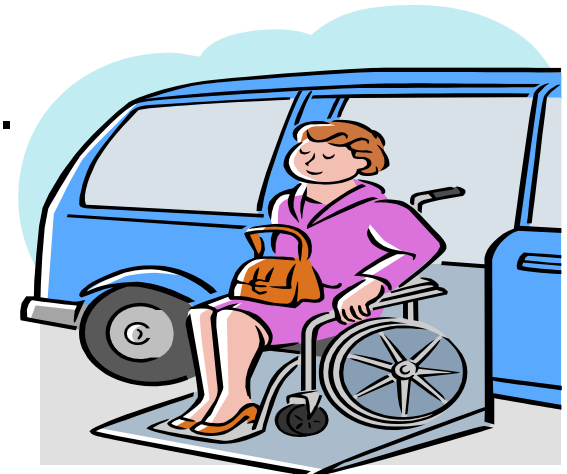


Specialized Transportation

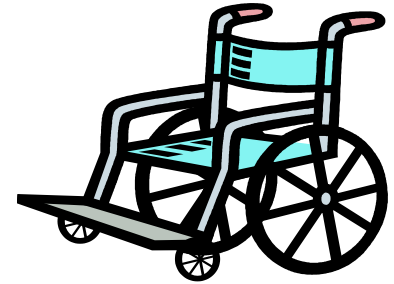
Covered Services

- Specialized Non-emergency transportation associated with travel to necessary medical care which is covered by the Montana Medicaid Program. Prior Authorization required.
 - \$12.36 per ride, one way rides under 16 miles.
 - \$24.72 per round trip <16 miles.
 - \$ 1.04 per mile for trips over 16 miles.

Providers bill ACS for Medicaid payment on approved rides.



Service Limitations



- Prior Authorization is required.
- Approved when client is wheelchair bound and has no other means of transportation.
- Approved when travel requested is to the closest site of services.
- Provider must have Class B Public Service Commission License or be an organization(5310 or 5311 funding) exempt from PSC licensing.

Ambulance



- Medical condition requires transportation by ambulance to the nearest appropriate facility.
- Reviewed for medical necessity.
- Report the trip within 180 days for authorization.
- Direct line for Ambulance review, questions, etc: 1-877-362-5861.
- Ambulance Fax line: 1-877-362-5862.

Travel Attendant

- ❖ Transportation and per diem coverage for an attendant is only available when determined to be medically necessary.
- ❖ Use of an attendant must be prior authorized.
- ❖ Coverage for the attendant is limited to the same standards and fees as the recipients.



- ARM 37.85.414

- (1) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.
 - (a) All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement.,...
 - (c) ...retain 6yrs 3 months...
 - (d) ...use generally accepted accounting principles (GAAP)
 - (f) ...change of ownership, the original owner retains...
- (2) ...comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)...

FULL RULE PROVIDED AS A HANDOUT

Maintenance of Records

- **ARM 37.86.2402 (15) and 37.86.2502 (8)**

Commercial providers are required to maintain and retain original dispatch records for services provided to a Montana Medicaid recipient that include:

- (a) name of recipient;
- (b) originating address;
- (c) destination address;
- (d) date;
- (e) time;
- (f) authorized units;
- (g) charges; and
- (h) the authorization number.



- **Provider Websites:**

- <http://www.mtmedicaid.org>

- Click on Resources By Provider Type

- Fee Schedule (current 08/2011)

- Provider Manual

- Click on Provider Newsletters

- Claim Jumper

- MT Access to Health Web Portal

- <https://mtaccesstohealth.acs-shc.com/mt>

- Check eligibility, claim status, Statement of Remittance (eSOR)

- **ACS Provider Relations**

- 800-624-3958 Toll free number
- 406-442-1837 Local Helena number

- **DPHHS Transportation Program Officer**

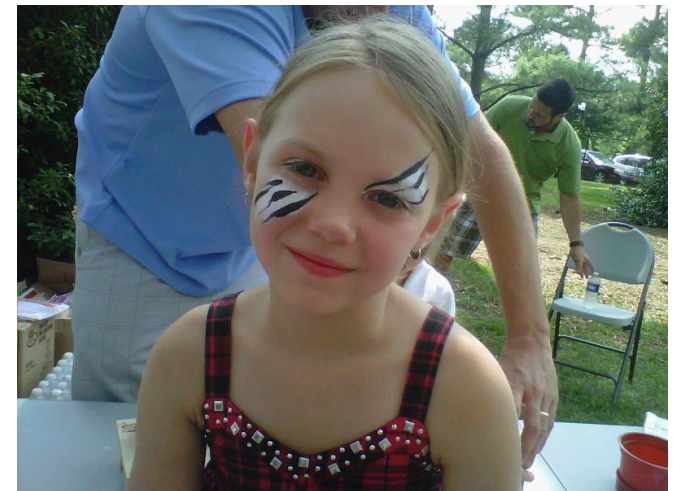
Jan Paulsen

- 406-444-4189 Phone
- 406-444-1861 Fax



Authorizations

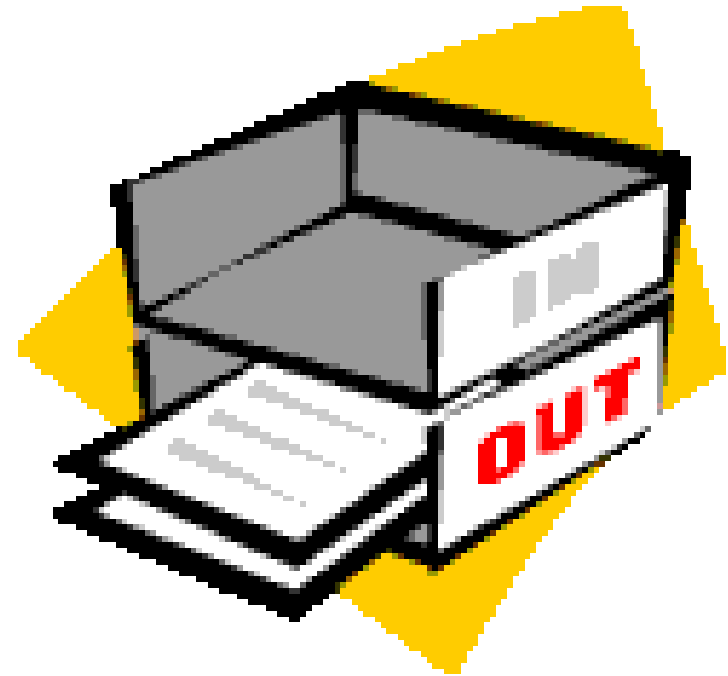
Mountain-Pacific Quality Health
Medicaid Transportation
PO Box 6488
Helena, MT 59604



(800) 292-7114	Call Center Toll Free Number
(800) 291-7791	Toll Free Fax
(877) 362-5861	Ambulance Toll Free line
(877) 362-5862	Ambulance Toll Free Fax Line

Paper Claims

Claims Processing Unit
P.O. Box 8000
Helena, MT 59604



Closing



*Any further
points to
discuss?*

Q and A time

THANK YOU!